

# EXCAVATION PERMIT APPLICATION

City of Mountain View • Public Works Department • Land Development Section  
500 Castro Street • P.O. Box 7540 • Mountain View, California, 94039-7540  
Telephone (650) 903-6311 • FAX (650) 903-6499

Please see previous instructions for items to be submitted with this application.

**INSURANCE CERTIFICATES WITH ADDITIONAL ENDORSEMENT MUST BE ATTACHED.**

Excavation Permit No. \_\_\_\_\_

**A. General Information** (Please print or type)

Street Address: \_\_\_\_\_ Date: \_\_\_\_\_

Site location if different from address: \_\_\_\_\_

Description of the Work: \_\_\_\_\_

Work is scheduled to begin on \_\_\_\_\_ (date) and be completed by \_\_\_\_\_ (date).

For large projects, specify the number of working days to complete all work: \_\_\_\_\_

USA Identification No. (if work is scheduled to begin within the next two weeks): \_\_\_\_\_

Is this work related to a building permit? Y/N \_\_\_\_ If yes, date issued: \_\_\_\_\_ Building Permit No. \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ Company Name: \_\_\_\_\_  
(Print)

**B. Permittee/Contractor's Information** (if separate, provide both)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Emergency Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

State Contractor License No. \_\_\_\_\_ City Business License No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

**C. Owner's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax No. \_\_\_\_\_

D. **Hourly Plan Check and Inspection Fee Calculation** Excavation Permit No. \_\_\_\_\_

Quantity	Item	Plan Check/Inspection Hours/Each	Total
_____	Water Service	x 6 =	_____
_____	Water Meter	x 4 =	_____
_____	Water Meter Manifold	x 4 =	_____
_____	Backflow Preventor	x 4 =	_____
_____	Fire Service	x 8 =	_____
_____	Abandonment of 2" or smaller water service	x 5 =	_____
_____	Abandonment of 4 or larger water service	x 6 =	_____
_____	Sanitary Sewer Lateral	x 7 =	_____
_____	Sanitary Sewer Manhole	x 7 =	_____
_____	Abandonment of Sanitary Sewer Lateral	x 4 =	_____
_____	Face of Curb Drain	x 5 =	_____
_____	Storm Lateral to Main	x 7 =	_____
_____	Storm Lateral to Back of Drainage Inlet	x 5 =	_____
_____	Storm Manhole	x 7 =	_____
_____	Monitoring or Extraction Well	x 5 =	_____
_____	Soil Boring, Soil Gas Probe	x 4 =	_____
_____	Private Street Utility Crossing	x 8 =	_____
_____	Utility Company (General Permit Work)	x 3 =	_____
_____	_____	x _____ =	_____
_____	_____	x _____ =	_____
Total Hours (three-hour minimum)			= _____

**Finance Department**  
**Date Fee Paid**

Receipt No. \_\_\_\_\_

Fee = Total Hours \_\_\_\_\_ x \$115.00/hr = \_\_\_\_\_  
 Account No. 223595-41415 (PWEXLD) (50%) = \_\_\_\_\_  
 Account No. 223057-41415 (PWEXCI) (50%) = \_\_\_\_\_

Fee = Total Hours \_\_\_\_\_ x \$115.00/hr = \_\_\_\_\_  
 Full Cost Recovery Permits (e.g., fiber-optic)  
 Account No. 223595-41415 (PWFCCLD) (50%) = \_\_\_\_\_  
 Account No. 223057-41415 (PWFCCLD) (50%) = \_\_\_\_\_

Public Sidewalk Permit Fee (attach calculation sheet) = \_\_\_\_\_  
 Account No. 223057-42704 (PWSDWK)

E. **Plan Check and Construction Inspection Fees (when required)**

Plan check fee (based on construction cost estimate \$ \_\_\_\_\_) = \_\_\_\_\_  
 7.5% of Construction Cost (CC) under \$50,000; \$3,750 + 4.5% of CC between \$50,001 and \$500,000;  
 and \$24,000 + 3.5% of CC over \$500,000 Account No. 223595-42703 (PWPC)

Construction inspection fee (based on construction cost estimate \$ \_\_\_\_\_) = \_\_\_\_\_  
 7.5% of Construction Cost (CC) under \$50,000; \$3,750 + 4.5% of CC between \$50,001 and \$500,000;  
 and \$24,000 + 3.5% of CC over \$500,000 Account No. 223057-42706 (PWCONS)

F. **Request to Connect to City Storm Drain (Code Section 35.31.6)**

☐ Applicant must pay storm drainage fee. Fee = Net Sq. Ft. of Lot \_\_\_\_\_ x \$0.24 = \_\_\_\_\_  
 Account No. 741200-43601 (PWSTRM)

G. **Encroachment Permit Fee**

\_\_\_\_\_ number of applications multiplied by \$834 for residential; \$1,525 for nonresidential; or  
 \$658 for temporary Account No. 223595-41414 (PWENCR)

\_\_\_\_\_ number of debris box permits at \$89 each = \_\_\_\_\_  
 Account No. 223595-41414 (PWENDB)

**TOTAL FEES DUE** = \_\_\_\_\_